

you are the covered dependent child of an employee, you may have the right to elect COBRA for yourself if you lose group health coverage because of any of the following reasons: the death of the employee; termination of the employee's employment (for reasons other than gross misconduct) or reduction in the employee's hours of employment; parents' divorce; the employee becomes entitled to Medicare; or you cease to be a dependent child under the terms of the health plan.

If the Plan provides retiree health coverage, filing a proceeding for reorganization under the Bankruptcy Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

If you are a reservist called to active duty and your employer does not voluntarily maintain coverage for the continuation coverage period, the employee, spouse and covered dependents may be eligible to continue coverage under the Uniformed Services Employment and Reemployment Rights Act (USERRA). Contact your employer for more information.

Under the law, the employee, spouse, or other family member has the responsibility to notify the employer of a divorce, legal separation, or a child losing dependent status under the group health plan. This notification must be made within 60 days from whichever date is later: the date of the event or the date on which health plan coverage would be lost under the terms of the insurance contract because of the event. Your employer has the responsibility to notify ITEDIUM, Inc. of the employee's death, termination, reduction in hours of employment or Medicare entitlement. **If this notification is not completed according to the above procedures within the required notification period, then rights to continuation coverage will be forfeited.**

Once ITEDIUM, Inc. learns a qualifying event has occurred, it will then notify all qualified beneficiaries of their right to elect continuation coverage. Each qualified beneficiary has independent COBRA election rights and will have 60 days to elect continuation coverage. The 60 day election period is measured from the later of the date health plan coverage is lost due to the event or from the date of COBRA notification, unless the Plan provides an extension of the election period beyond that required by law. **If a qualified beneficiary does not elect continuation coverage within this election period, then rights to continue health insurance will end.**

Length of Continuation Coverage

You have the right to continuation coverage for up to 18 months from the date of the qualifying event if the event causing the loss of coverage is a termination of employment (other than for reasons of gross misconduct) or a reduction in work hours.

The 18 months of continuation coverage can be extended for an additional 11 months of coverage, to a maximum of 29 months, for all qualified beneficiaries if: the qualified beneficiary is deemed disabled (as determined by Title II or XVI of the Social Security Act), at any time during the first 60 days of COBRA continuation coverage; and the qualified beneficiary notifies ITEDIUM, Inc. within 60 days after the determination of disability is made by the Social Security Administration, and within the initial 18-month period of coverage. It is the qualified beneficiary's responsibility to obtain this disability determination from the Social

Security Administration and provide a copy of the determination to ITEDIUM, Inc. within 60 days after the date of determination and before the original 18 months expire. It is also the qualified beneficiary's responsibility to notify ITEDIUM, Inc. within 30 days if a final determination has been made that they are no longer disabled.

If you are the covered spouse or dependent child(ren) of an employee, an extension of the 18-month continuation period can occur if, during the 18 months of continuation coverage, a second event takes place (divorce, death, Medicare entitlement, or a dependent child ceasing to be a dependent). If a second event occurs, then the original 18 months of continuation coverage can be extended to 36 months from the date of the original qualifying event date for the qualified beneficiary spouse and/or dependent children. If a second event occurs, it is the qualified beneficiary's responsibility to notify ITEDIUM, Inc. in writing within 60 days of the second event and within the original 18 month continuation period. In no event, however, will continuation coverage last beyond three years from the date of the event that originally made the qualified beneficiary eligible for continuation coverage.

If you are the covered spouse or dependent child(ren) of an employee, you have the right to continuation coverage for up to 36 months from the date of the qualifying event if the original event causing the loss of coverage was the death of the employee, divorce, Medicare entitlement, or a dependent child ceasing to be a dependent child under the Plan.

Qualified beneficiaries do not have to show they are insurable to elect continuation coverage; however, they must have been actually covered by the Plan for at least one day prior to the qualifying event to be eligible for COBRA. Although a qualified beneficiary participating in COBRA has the same rights as an active participant to add dependents to the Plan, those additional dependents may not be qualified beneficiaries. An exception to this rule is if, while on continuation coverage, a baby is born to or adopted by an employee/former employee. Procedures and deadlines for adding these individuals can be found in your summary plan description and must be followed. Your employer reserves the right to verify COBRA eligibility status and terminate continuation coverage retroactively if you are determined to be ineligible or if there has been a material misrepresentation of the facts.

COST OF CONTINUATION COVERAGE

A qualified beneficiary will have to pay the entire applicable premium plus an administration charge for continuation coverage as allowed by law, currently 2% of the total premium. These premiums will be adjusted in the future if the applicable premium amount changes. In addition, if continuation coverage is extended from 18 months to 29 months due to a Social Security disability, your employer can charge up to 150% of the applicable premium during the extended coverage period. Premiums are due every month for continuation coverage. In addition there will be a maximum grace period of 30 days for the regularly scheduled monthly premiums.

Termination of Continuation Coverage

Continuation of coverage will end prior to the maximum period if:

- Your employer ceases to provide any group health plan to any of its employees;
- Any required premium for continuation coverage is not paid in a timely manner;
- A qualified beneficiary becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition of such beneficiary other than such an exclusion or limitation which does not apply to or is

satisfied by such beneficiary by reason of the Health Insurance Portability and Accountability Act of 1996.

- A qualified beneficiary becomes entitled to Medicare after the qualifying event except when the qualifying event is loss of retiree coverage due to the employer's bankruptcy;
- A qualified beneficiary extended continuation coverage to 29 months due to a Social Security disability and a final determination has been made that the qualified beneficiary is no longer disabled;
- A qualified beneficiary notifies ITEDIUM, Inc. that they wish to cancel COBRA continuation coverage.
- A qualified beneficiary participates in activity which would otherwise allow the Plan to terminate an active employee's coverage (e.g. submission of a fraudulent claim).

It is important that you notify State of Ohio and ITEDIUM, Inc. of any address change or change in marital status as soon as possible. Failure on your part to do so will result in delayed COBRA notifications or a loss of continuation coverage options. You must also notify ITEDIUM, Inc. within 30 days of other group health coverage, Medicare entitlement or the termination of your Social Security disability status. COBRA continuation coverage which is provided improperly due to your failure to provide notice does not bind the Plan to provide further coverage.

For More Information

For more information on general Plan terms contact State of Ohio. For more information about COBRA contact ITEDIUM, Inc. toll free at (877) 682-6272. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

SPECIAL ENROLLMENT RIGHTS PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Federal law requires that group health plans allow certain employees and dependents special enrollment rights when they previously declined coverage and when they have new dependents. This law, the Health Insurance Portability and Accountability Act (HIPAA) also addresses the circumstances under which treatment for medical condition may be excluded from health plan coverage. The information in this notice is intended to inform you, in a summary fashion, of your rights and obligations under these laws. You, your spouse and any dependents should all take the time to read the entire notice carefully.

Special Enrollments: If you decline enrollment for yourself or your dependents (including your spouse) because of having other health insurance or group health plan coverage at the time of your eligibility to participate, you may enroll yourself or your dependents at a future point, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days of such an event.

Obtaining Additional Information: If you need assistance in determining your rights under ERISA or HIPAA, you may contact your Plan Administrator or the U.S. Department of Labor by writing to the Chicago Regional office at 200 W. Adams Street, Suite 1600, Chicago, IL 60606, or by calling the Department at 312-353-0900.

If you have questions about this notice, please contact your Plan Administrator listed below:

State of Ohio
Department of Administrative Services
Benefits Administration Services
Medical Plan Benefits Manager
30 E. Broad St., 27th Floor
Columbus, Ohio 43215
800-409-1205 (option 2)

Also, if you have changed marital status, or if you, your spouse or any other qualified dependents have changed addresses, please notify your local Human Resources Representative.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. The terms of WHCRA provide:

A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall provide, in a case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and,
4. Treatment of physical complications of all stages of mastectomy, including lymphedema.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage.

If you have any questions or would like more information about the State of Ohio's WHCRA benefits, contact Employee Benefits Customer Service at 614-466-8857 (option 2) or 800-409-1205 (option 2).

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Under the provisions of The Newborns' and Mothers' Health Protection Act, group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a Caesarean section. However, federal law generally does not prohibit the mother's or newborn's

attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

PATIENT PROTECTION DISCLOSURE

The Ohio Med PPO generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, please see the contact numbers below for Aetna, Anthem, and Medical Mutual of Ohio.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna, Anthem, Medical Mutual of Ohio, or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact: Aetna at (1-800-949-3104); Anthem at (1-844-891-8359); or, Medical Mutual of Ohio at (1-800-822-1152).

CREDITABLE COVERAGE DISCLOSURE

Important Notice from the State of Ohio About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the State of Ohio and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- The State of Ohio has determined that the prescription drug coverage offered by OptumRx is, on average for all Plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered

Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 to Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current State of Ohio coverage will not be affected. The State of Ohio has determined that the prescription drug coverage offered by OptumRx is, on average for all Plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Go to: das.ohio.gov/prescriptiondrug for more details on your prescription benefits.

If you decide to join a Medicare Drug Plan and drop your current state medical coverage, be aware that you and your dependents will not be able to get this coverage back unless you experience a qualifying event or sign up during Open Enrollment.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the State of Ohio and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For further information, contact:

State of Ohio
Ohio Department of Administrative Services
Benefits Administration Services
Prescription Drug Benefits Manager
30 E. Broad, 27th Floor
Columbus, OH 43215
800-409-1205 (option 2)

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the State of Ohio changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy

of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit: medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at: socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

NOTICE REGARDING WELLNESS PROGRAM

Take Charge! Live Well! is a voluntary wellness program available to all employees enrolled in the State of Ohio medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You also will be asked to complete a biometric screening, which will include a blood test for total cholesterol, high density lipoprotein (HDL), low density lipoprotein (LDL), triglycerides, and blood glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of up to \$50 for completion of the HRA and \$100 for completion of a biometric screening. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives of up to \$200 may be available for employees who participate in certain health-related activities such as health coaching and online participation in health and wellness lessons and/or challenges. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation. You may request a reasonable accommodation by contacting Beth Kim, State of Ohio Wellness program manager, at 614-728-5478.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching and QuitNet. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the State of Ohio may use aggregate information it collects to design a program based on identified health risks in the workplace, *Take Charge! Live Well!* will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the health coaching staff at Sharecare, in order to provide you with services under the wellness program.

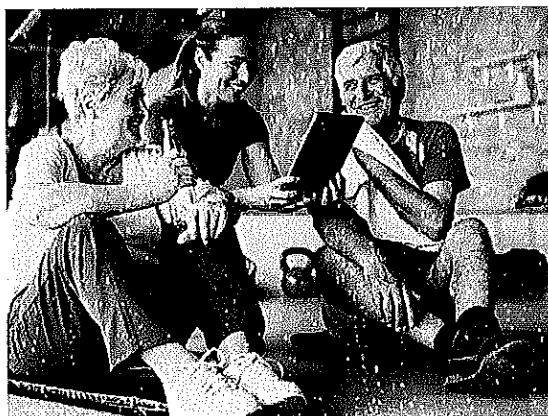
In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, contact:

Beth Kim
30 E. Broad St., 27th Floor
Columbus, Ohio 43215

614-728-5478; email: beth.kim@das.ohio.gov



PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your

dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: myalhipp.com Phone: 1-855-692-5447	IOWA – Medicaid Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: myakhipp.com Phone: 1-866-251-4861 Email: customerservice@myakhipp.com Medicaid Eligibility: dhss.alaska.gov/dpa/pages/medicaid/default.aspx	KANSAS – Medicaid Website: kdheks.gov/hcf Phone: 1-785-296-3512
ARKANSAS – Medicaid Website: myarhipp.com Phone: 1-855-MyARHIPP (855-692-7447)	KENTUCKY – Medicaid Website: chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: colorado.gov/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711	LOUISIANA – Medicaid Website: dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
FLORIDA – Medicaid Website: flmedicaidprecovery.com/hipp Phone: 1-877-357-3268	MAINE – Medicaid Website: maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
GEORGIA – Medicaid Website: dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	MASSACHUSETTS – Medicaid and CHIP Website: mass.gov/eohhs/gov/departments/masshealth Phone: 1-800-862-4840
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: in.gov/issa/hip Phone: 1-877-438-4479 All other Medicaid Website: indianamedicaid.com Phone 1-800-403-0864	MINNESOTA – Medicaid Website: mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739

MISSOURI – Medicaid Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	SOUTH DAKOTA – Medicaid Website: dss.sd.gov Phone: 1-888-828-0059
MONTANA – Medicaid Website: dphhs.mt.gov/montanahealthcareprograms/hipp Phone: 1-800-694-3084	TEXAS – Medicaid Website: gethipptexas.com Phone: 1-800-440-0493
NEBRASKA – Medicaid Website: dhhs.ne.gov/children_family_services/accessnebraska/pages/accessnebraska_index.aspx Phone: 1-855-632-7633 Lincoln: 1-402-473-700 Omaha: 1-402-595-1178	UTAH – Medicaid and CHIP Medicaid Website: medicaid.utah.gov CHIP Website: health.utah.gov/chip Phone: 1-877-543-7669
NEVADA – Medicaid Medicaid Website: dwss.nv.gov Medicaid Phone: 1-800-992-0900	VERMONT – Medicaid Website: greenmountaincare.org Phone: 1-800-260-8427
NEW HAMPSHIRE – Medicaid Website: dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999	VIRGINIA – Medicaid and CHIP Medicaid Website: coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
NEW JERSEY – Medicaid and CHIP Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 609-631-2392 CHIP Website: njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	WASHINGTON – Medicaid Website: hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
NEW YORK – Medicaid Website: health.ny.gov/health_care/medicaid Phone: 1-800-541-2831	WEST VIRGINIA – Medicaid Website: mywvhipp.com Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
NORTH CAROLINA – Medicaid Website: dma.ncdhhs.gov Phone: 919-855-4100	WISCONSIN – Medicaid and CHIP Website: dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
NORTH DAKOTA – Medicaid Website: nd.gov/dhs/services/medicalserv/medicaid Phone: 1-844-854-4825	WYOMING – Medicaid Website: wyequalitycare.acs-inc.com Phone: 307-777-7531
OKLAHOMA – Medicaid and CHIP Website: insureoklahoma.org Phone: 1-888-365-3742	<p>To see if any other states have added a premium assistance program since Jan. 31, 2018, or for more information on special enrollment rights, contact either:</p> <p>U.S. Department of Labor Employee Benefits Security Administration dol.gov/agencies/ebsa 1-866-444-EBSA (3272)</p> <p>U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565</p>
OREGON – Medicaid Website: healthcare.oregon.gov/pages/index.aspx www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	
PENNSYLVANIA – Medicaid Website: dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	
RHODE ISLAND – Medicaid Website: www.eohhs.ri.gov Phone: 1-855-697-4347	
SOUTH CAROLINA – Medicaid Website: scdhhs.gov Phone: 1-888-549-0820	

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Start Talking! 
Building a Drug-Free Future
StartTalking.Ohio.Gov



*Children of
parents who talk
to their teens
about drugs are
50% less likely
to use.*



Glossary

When reviewing information about your health care coverage options, it is helpful to understand some of the basic terms and concepts.

Benefit Year/Plan Year: The 12-month period from July 1 through June 30 during which services are rendered and your deductible and coinsurance are accumulated.

Biometric Screening: A private screening with a health professional that provides a snapshot of your health. The screening includes cholesterol (total), HDL, LDL, blood glucose, blood pressure, height, weight and waist circumference.

Change in Status/Qualifying Event: A change in your life that allows you to enroll or make an adjustment to your existing coverage. Examples include marriage, divorce, birth or adoption of a child, or a change in job status for you or a dependent.

Coinsurance: The percentage of eligible expenses that the health care plan pays after the annual deductible is met. For example, an 80 percent coinsurance rate means you pay 20 percent and the plan pays 80 percent.

Copay: A specified dollar amount you pay to a health care provider or pharmacy for eligible expenses such as office visits and prescriptions. Copays do not count toward your annual deductible.

Covered Person: The employee, the employee's spouse and/or dependent children who are eligible and enrolled under your health care plan.

Covered Services: Those services and supplies provided for the purpose of preventing, diagnosing or treating a medical condition, behavioral disorder, psychological injury or substance use addiction for which the plan will provide benefits.

Deductible: The amount you pay for eligible expenses each plan year before the plan begins to pay anything. This does not apply to preventive services covered at 100 percent.

Dependent(s): A spouse and/or an eligible child or children.

Eligible Expense: The maximum amount on which payment is based for covered health care services. You may be required to pay a percentage of Eligible Expenses in the form of Coinsurance.

Employee Share or Contribution: The portion of the total premium that you pay through pre-tax payroll deductions for your coverage.

Exempt Employee: An appointment to a position not represented by a labor union. Employees are usually exempt from union representation because they are supervisors, in positions of a confidential or fiduciary nature or not in permanent appointments.

Evidence of Insurability (EOI): An application process in which information on the condition of one's health or a dependent's health is provided in order to be considered for certain types of insurance coverage.

Flexible Spending Accounts (FSA): A type of savings account that provides the account holder with specific tax

advantages. The account allows employees to contribute a portion of their pre-tax earnings to pay for qualified expenses, such as for medical or dependent care. The two types of FSAs are health care spending accounts and dependent care spending accounts.

Out-of-Pocket Maximum: The cap or maximum amount you pay for eligible out-of-pocket health care expenses during the plan year. After your out-of-pocket expenses reach the maximum, the plan pays 100 percent of any additional eligible expenses for the remainder of the plan year. There is a separate out-of-pocket maximum for prescription drugs.

Patient Protection and Affordable Care Act (also known as the Affordable Care Act or PPACA or simply ACA): The health reform legislation passed by Congress and signed into law in March 2010 by the president of the United States.

Preferred Provider Organization (PPO): A PPO is a medical plan that offers benefits at both network and non-network levels. When you enroll in the Ohio Med PPO, you may visit any doctor and receive benefits. However, the benefit is greater when you use network providers, but less when you use providers who are not part of the network.

Service Hours: Service hours include any hour for which an employee receives or is entitled to payment for performing their job duties for the State of Ohio. These hours also include each hour for which an employee is paid or entitled to payment due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty or leave of absence, but does not include hours that relate to Workers' Compensation or unemployment compensation, volunteer hours or a federal work-study program.

State Share or Contribution: The portion of the total premium the State of Ohio pays to provide its employees with coverage.

Summary of Benefits and Coverage (SBC): A requirement of the Patient Protection and Affordable Care Act, the SBC is a concise four-page document that details simple and consistent information about health plan benefits and coverage. It will help you understand the basics of your coverage and allow you to compare any different coverage options you may have. It summarizes the key features of the plan, such as covered benefits, cost-sharing provisions, and limitations and exceptions. All insurance companies and group health plans must use the same standard SBC form. The SBC also contains a link to the required Uniform Glossary, which provides definitions of many commonly used health coverage and medical terms. For full details, visit das.ohio.gov/benefits.

Third-Party Administrator (TPA): An organization or company that processes claims and other aspects of employee benefits plans on behalf of an employer. For example, Aetna, Anthem and Medical Mutual are the third-party administrators of the Ohio Med PPO.

Total Premium: The combination of the employee contribution and the state contribution.

Union-Represented Employee: Also known as a Bargaining Unit Employee, is represented by a labor union and covered by the terms of a collective bargaining agreement.

Well-Being 5 Survey: A confidential questionnaire that assesses your physical, emotional, financial and social health and how your lifestyle habits affect your overall well-being.



Health and Other Benefits Contacts

ALL EMPLOYEES

Medical

Aetna
800-949-3104
aetnastateohioemployee.com
Group Number: 285507

Anthem
844-891-8359
enrollment.anthem.com/stateofohio
Group Number: 004007521

Medical Mutual of Ohio
800-822-1152
stateofohio.medmutual.com
Group Number: 228000

Prescription Drug

OptumRx
866-854-8850
optumrx.com
Rx Group Number: STOH

Behavioral Health and Substance Use

Optum Behavioral Solutions
800-852-1091
liveandworkwell.com
Website Access Code: 00832
Group Number: 1507

Ohio Employee Assistance Program
800-221-6327
ohio.gov/eap

Take Charge! Live Well!

Sharecare
866-556-2288
ohio.gov/tclw
Click the Sharecare website button.

24-Hour Nurse Advice Line

Sharecare
866-556-2288, option 1

Flexible Spending Accounts and Commuter Choice

WageWorks
866-428-0446
wageworks.com

EXEMPT EMPLOYEES ONLY

Dental

Delta Dental of Ohio
800-524-0149
deltadentaloh.com
Delta Dental PPO
Group Number: 9273-0001

Vision

EyeMed Vision Care
888-838-4033
eyemed.com
Group Number: 1016475

Life Insurance

Basic Life Insurance and Supplemental Life Insurance
Minnesota Life, a Securian company
866-293-6047
lifebenefits.com
Group Number: 34301
Initial login credentials for life insurance: The initial user ID is "OH" plus your State of Ohio User ID. The initial password is your date of birth (MMDDYYYY) plus the last four digits of your Social Security number.

UNION-REPRESENTED EMPLOYEES ONLY

Union Benefits Trust

614-508-2255
800-228-5088
website: benefitstrust.org
email: customerservice@benefitstrust.org

The websites of the Union Benefits Trust (UBT) vendors listed below can be accessed through the UBT website.

Dental

Delta Dental of Ohio
877-334-5008
Group Number: 1009

Vision

Vision Service Plan (VSP)
800-877-7195
Group Number: 12022914

EyeMed Vision Care

866-723-0514
Group Number: 9674813

Life Insurance

Prudential Life Insurance
800-778-3827
844-533-4UBT (4828)
Group Number: LG-01049

Legal Services

Hyatt Legal Services
800-821-6400
Group Number: 4900010

ALL EMPLOYEES

Ohio Department of Administrative Services

Employee Benefits Customer Service

614-466-8857, option 2 or
800-409-1205, option 2

email: mybenefits@das.ohio.gov

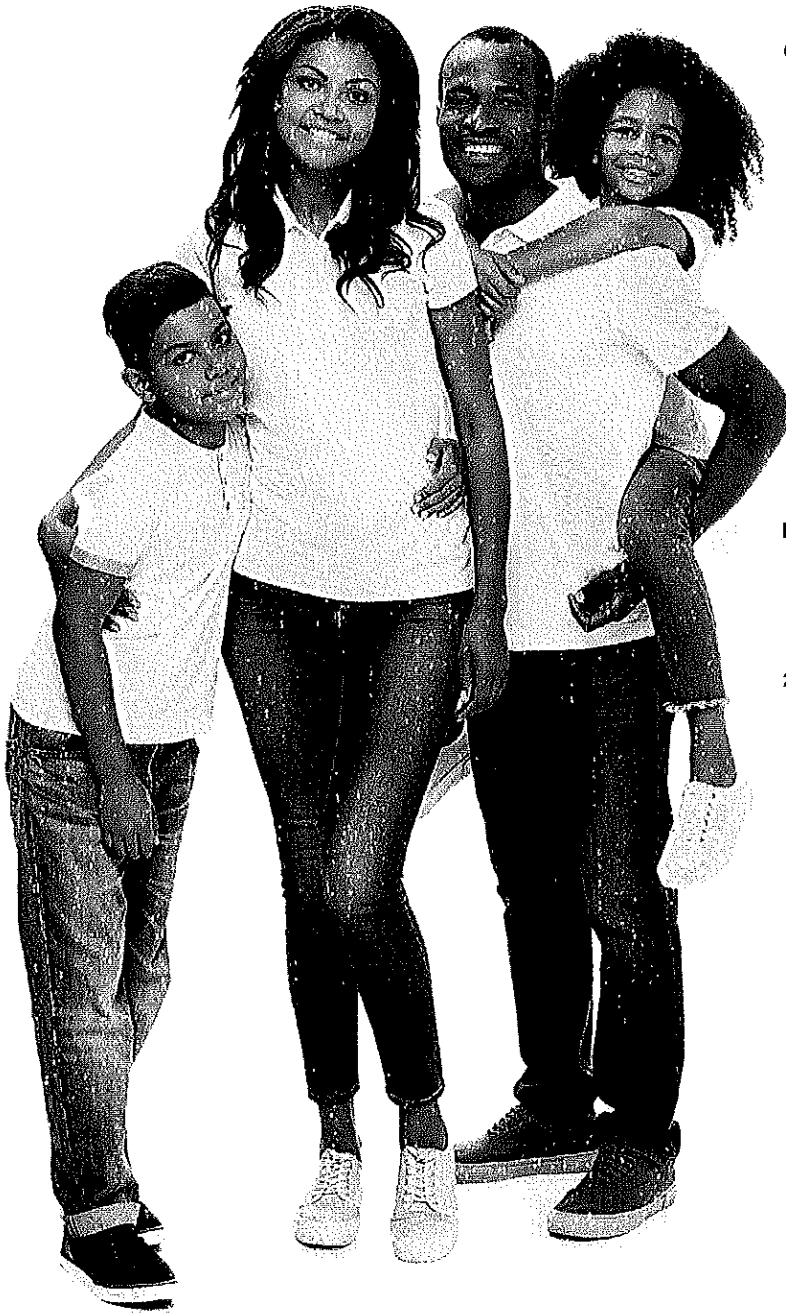
website: das.ohio.gov/benefits

TIP:

When placing a call, please ensure you have the documentation you might need during the call:

- Group Number
- State of Ohio User ID
- Explanation of Benefits if call is regarding a claim.

Save the Dates



2018 SAVE THE DATES

May

Open Enrollment begins May 21

June

Open Enrollment ends June 1

Benefit year ends June 30

July

New benefit year begins July 1

October

Flexible Spending Accounts
Open Enrollment begins Oct. 15
and ends Oct. 26

December

Use your remaining
Flexible Spending Accounts
money by Dec. 31

2019 SAVE THE DATES

January

New Flexible Spending Accounts
plan year begins Jan. 1

February

National Wear Red Day is Feb. 1

March

2018 Flexible Spending Accounts
claims deadline is March 31

May

Open Enrollment period occurs

June

Benefit year ends June 30

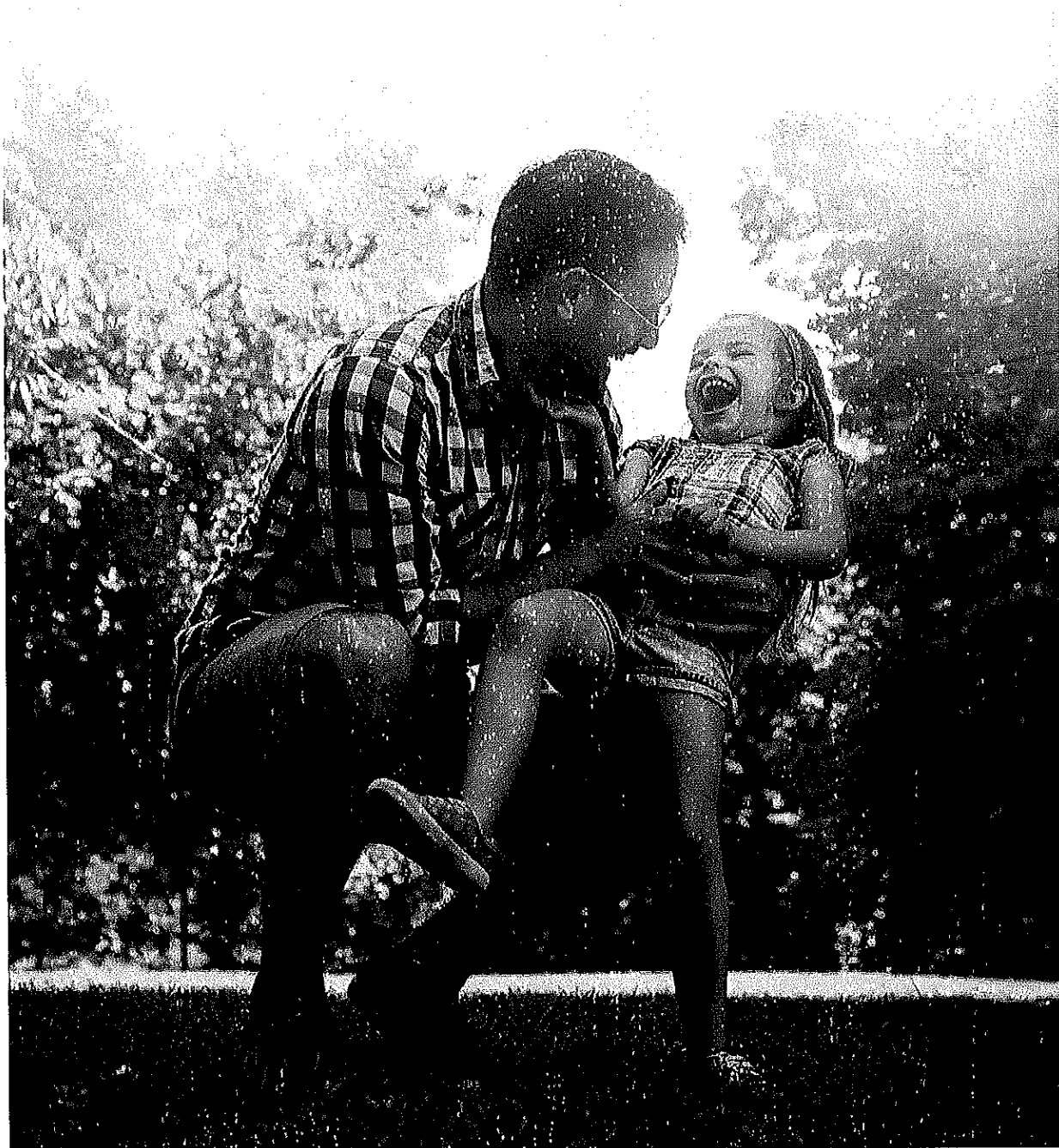
July

New benefit year begins July 1

OhioDAS

SERVICE · SUPPORT · SOLUTIONS
DEPARTMENT OF ADMINISTRATIVE SERVICES

Ohio Department of Administrative Services
Human Resources Division
30 E. Broad St., 28th Floor
Columbus, OH 43215



OPEN ENROLLMENT 2018

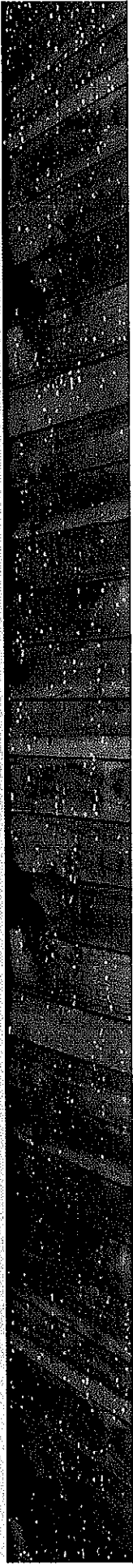
May 21 through June 1, 2018

(Effective July 1, 2018 through June 30, 2019)



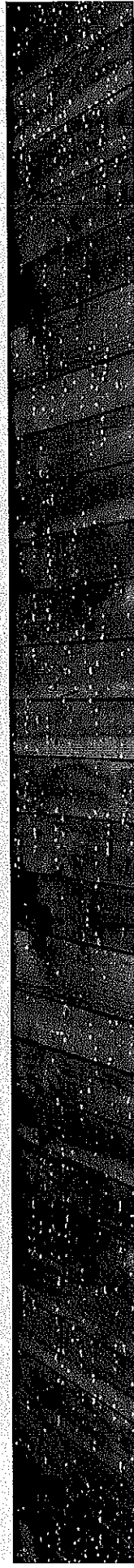
OHIO MED PPO PLAN

- Three administrators will manage the Ohio Med PPO plan
 - Aetna
 - Anthem
 - Medical Mutual
 - The rate will be the same for all administrators
 - Employees will automatically be assigned to an administrator



IMPORTANT ADMINISTRATOR HIGHLIGHTS

- ☐ Employee contributions- 'Family w/Spouse', 'Family w/o Spouse', and 'Single' rates will be the same with all administrators
- ☐ Major benefit levels- Co-pays, deductibles, and out-of-pocket maximums will be the same with all administrators



MEDICAL RATES

☐ Rates are increasing

Full-Time Employee Medical Contributions					
	Full-Time Permanent Part-Time Permanent (30 or more hours a week) Part-Time Temporary (20 or more hours a week) Biweekly Paid Employee Contributions ¹ 15% tier			Full-Time employees Monthly Paid Employee Contributions ¹ 15% tier	
	Employee Share	State Share	Total	Employee Share	State Share
Single	\$49.40	\$278.88	\$328.28	\$1070.4	\$604.25
Family Minus Spouse	\$135.27	\$765.47	\$900.74	\$293.09	\$1,658.48
Family Plus Spouse ²	\$141.04	\$765.47	\$906.51	\$305.59	\$1,658.48

¹These rates represent the total amount that will be contributed from your paycheck.
²Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

DEPENDENT ELIGIBILITY

- ☐ Dependents may receive medical coverage up to age 26
 - No student requirements
 - Dependents may be married
 - No financial or residency requirements for step children



OPTUM RX PRESCRIPTION COVERAGE

☐ ID Cards

- Employees enrolled in medical coverage will automatically receive prescription drug benefits. Only employees enrolling for the first time will receive a new ID card.

☐ Specialty medications

- Specialty medications for serious medical conditions must be obtained from Brivoa Specialty Pharmacy.

☐ Preventative medications

- Certain preventative medications are required to be covered at no charge. All of these require a prescription and may have certain quantity and/or age restrictions.

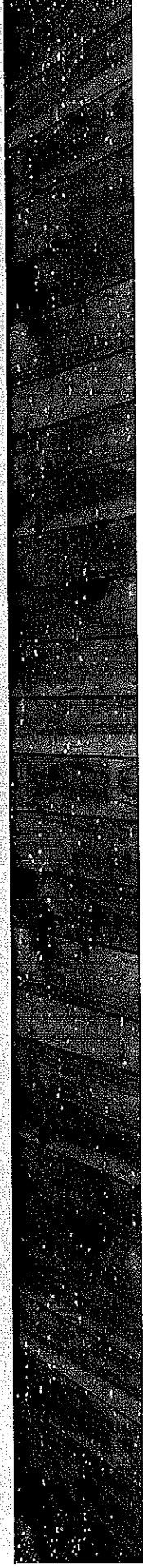
BEHAVIORAL HEALTH

☐ Coverage is administered by Optum Behavioral Solutions

- The plan provides 24-hours-a-day, seven-days-a-week phone assessment and referral services.
- ID cards will be issued for all participants.

☐ All employees and dependents enrolled in the state's medical plan are eligible for behavioral health coverage

- Participants can visit any provider, but will pay more for out-of-network providers and facilities.



DENTAL AND VISION

- ☐ Only one dental and vision plan offered
 - Delta Dental PPO
 - EyeMed (new)
- ☐ Dependent eligibility for dental and vision coverage is NOT the same as medical
 - Dependent children are eligible up to age 23
 - Student certification is required
- ☐ You do not have to be enrolled in medical coverage to enroll in dental and vision coverage



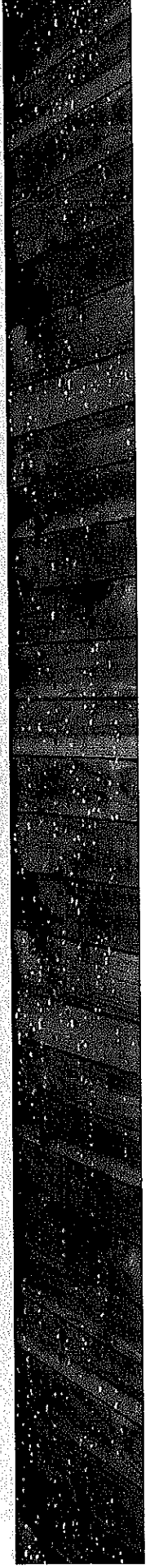
TAKE CHARGE! LIVE WELL!

☐ Wellness program

- Well-being assessment
- Biometric screening

☐ Assistance programs

- Weight loss management
- Tobacco management
- Diabetes management



SUPPLEMENTAL LIFE INSURANCE

- ☐ You can purchase coverage during the open enrollment period to supplement the basic life insurance coverage the state provides.
- ☐ Supplemental life insurance is administered by Minnesota Life Insurance Company and may be purchased through payroll deduction.
- ☐ Dependents may be covered until their 26th birthday.



OPEN ENROLLMENT WEBSITE

☐ DAS has provided detailed information on their website for the 2018 Open Enrollment. Please click on the link below to access the site:

<http://www.das.ohio.gov/Open-Enrollment>



QUESTIONS?

- ☐ If you have additional questions regarding your benefits, contact Jason Parsons at 466-4308.



From: Capitol Letter
Sent: Friday, June 1, 2018 6:15 AM
To: Lenzo, Mike
Subject: Seitz defends work on payday lending bill

Friday, June 1, 2018

[View in Browser](#)



Capitol Letter

Laura Hancock and Jeremy Pelzer



President Warren G. Harding's family recently donated this plaster likeness of the Marion native's face to the Thomas J. Moyer Ohio Judicial Center. It became the mold for the bas-relief sculpture of the 20th president that has graced the walls of the Grand Concourse of the Ohio Supreme Court building for more than eight decades. (Laura Hancock/Capitol Letter)

Rotunda Rumblings

Seitz's side of the story: House Majority Floor Leader Bill Seitz has fired back at Rep. Kyle Koehler's claim that Seitz dawdled on a controversial payday-lending reform bill. In an email to his fellow House Republicans, Seitz asserted that, contrary to what Koehler claimed, he was working on a compromise proposal – but before he could unveil it, then-Speaker Cliff Rosenberger assigned Speaker Pro Tempore Kirk Schuring to take over negotiations. Seitz also disputed that the Ohio Consumer Lenders Association, a payday-lending group, was trying to stall the bill. Rather, Seitz stated, the OCLA was drawing up its own compromise deal and was eyeing the federal Consumer Financial Protection Bureau's (later abandoned) efforts to draft payday-lending rules that would render House Bill 123 moot.

At your service: A House committee advanced a bill Thursday that would exempt disabled military veterans from paying county registration fees for assistance dogs. House Bill 558 is now at a standstill, however, because the House is still battling over who will be the next top dog.

More delays: Capitol Letter has documented the backlog of bills that await discussion on the House floor, whenever it resolves the speaker impasse. On Thursday morning, another problem arose: House leaders are not meeting to assign bills to committees. The House State and Local Government Committee had on its agenda Senate Bill 86, which would simply designate May 12 as Ohio National Missing Children's Day. But committee chair Rep. Marlene Anielski called the hearing off since the bill hadn't technically been assigned to the panel. The House Rules and Reference Committee, which hasn't met for weeks because there hasn't been a speaker to call a meeting, sends bills to committees.

Bank on it: The Ohio General Assembly created the New African Immigrants Commission about eight years ago without using any state money. But the Ohio Treasurer's office and the Office of Budget and

Management have determined that the law was written in a way that prevents the commission from even opening a bank account, said Rep. Bernadine Kennedy Kent. The Columbus Democrat asked colleagues Thursday to change the law. Kent's House Bill 624 is necessary, she said, because the legislature also ordered in the law that the commission seek public and private grants and gifts to fulfill its mission of promoting awareness and advising the public about sub-Saharan African people, she said.

Leneghan seeks recount: Republican 12th Congressional District candidate Melanie Leneghan has asked for a recount of some precincts in Delaware, Franklin, Licking, and Muskingum counties, according to Capitol Letter's Jeremy Pelzer. Unofficial totals show Leneghan lost the primary to state Sen. Troy Balderson by 653 votes. In a statement, Balderson said he was confident the results would be upheld.

Honoring her brother: Victoria Fraser of Notre Dame, Indiana, tested the acoustics of the Statehouse rotunda and sang "An Irish Blessing." (Hint: she sounded beautiful.) Fraser was singing to her brother, Grant, next to his portrait, part of "The Eyes of Freedom: Lima Company Memorial." The display was created in memory of Grant and 21 other fallen Marines and a Navy Corpsman from Lima Company, 3rd Battalion, 25th Marine Regiment, who lost their lives serving in Iraq in 2005.

Support you can count on: The Ohio Society of CPAs on Thursday endorsed Republicans Mike DeWine for governor, Dave Yost for attorney general and Robert Sprague for state treasurer.

Davidson nod: FreedomWorks for America has endorsed U.S. Rep. Warren Davidson in Ohio's eighth congressional district. The conservative organization was originally called Citizens for a Sound Economy and was funded by billionaires Charles and David Koch.

Stories We're Talking About

Dennis in debt: Democrat Dennis Kucinich sent supporters of his unsuccessful campaign for governor an email thanking them, assuring

them their goals would be achieved and asking them to help erase a campaign debt of about \$38,000. "Our supporters have always been generous when asked," he told [cleveland.com's Seth Richardson](#).

Boehner unbound: Former U.S. House Speaker John Boehner was blunt as usual in describing the state of his party Thursday, [according to NBC News](#). "There is no Republican party. There's a Trump party. The Republican Party is kinda taking a nap somewhere," the Ohioan said at the Mackinac Policy Conference in Michigan, the network reported. Boehner also said he thinks that President Donald Trump had promised his wife, Melania, that he would not win the election and she would never have to live in the White House, the report said.

Read his Lipps: "In the halls of the Ohio Statehouse, it's usually not hard to guess which lawmaker is state Rep. Scott Lipps," [Capitol Letter's Jeremy Pelzer reports](#). "He's the one wearing a large belt buckle shaped like a pair of red lips, often with a matching custom-made leather belt. He has lip-themed ties and shoes. He even has a tattoo of a pair of lips on his ankle." Pelzer explains the reasons behind Lipps' fashion choices, which strike some as a bit tacky.

Greitens' Ohio connection: Ken Harbaugh, a Democrat making a spirited challenge to Republican U.S. Rep. Bob Gibbs' congressional seat, has a personal connection to disgraced former Missouri Gov. Eric Greitens, [Jessica Wehrman notes for the Columbus Dispatch](#). Harbaugh in 2007 co-founded The Mission Continues, the non-profit Greitens now is accused of misusing. A Harbaugh spokesman said he now regrets a \$5,000 contribution he made in 2015 to Greitens, a Republican.

Pepper on Clinton's reading list: In a "By the Book" feature published in the New York Times on Thursday, former President Bill Clinton rattled off some of his all-time favorite books. He also said he also likes to read lesser-known authors. "I also look for writers whose works are not that well known yet, like David Pepper," Clinton said, according to The Times. Pepper is the chairman of the Ohio Democratic Party, and recently published his second book about a heroic newspaper reporter.

Full Disclosure

Five things we learned from Rep. Robert Cupp's April 9 financial disclosure statement. Cupp, a Republican from Lima, is seeking re-election to his seat in November.

1. The Ohio Public Employees Retirement System paid him at least \$100,000 in his judicial pension. Before He served on the Ohio Supreme Court from 2007 to 2013. He earned last year \$68,444 last year as a state representative, according to the Ohio State Treasurer's office.
2. He received \$1,000 to \$9,999 in dividends from Pandora Bancshares. He also has two life insurance policies and a retirement account with TIAA.
3. Cupp spent some of last year traveling in association with his work as a lawmaker. The House reimbursed him \$4,018.56 for mileage between Lima and Columbus. The National Conference of State Legislatures gave him \$3,905.90 for travel. The Ohio Chamber of Commerce covered his \$276.02 lodging for its Policy Conference at Salt Creek. Excellence in Education, founded by former Florida Gov. Jeb Bush, paid \$841.70 for Cupp to attend its yearly meeting in 2017, plus a \$215.71 reimbursement for his traveling to the 2016 meeting. The Mid-Ohio Regional Planning Commission paid him \$599.72 and the Council of State Governments gave him \$826.26 for travel.
4. He reported receiving gifts and meals from the National Conference of State Legislatures and Excellence in Education. David L. Kriegel gave him a gift worth more than \$75.
5. Excellence in Education paid \$408.30 in meals during the 2017 conference. And PJM Interconnection, the regional electric transmission organization, paid \$27.50 for breakfast and lunch during a July 31 legislative briefing, Cupp reported.

On the Move

Jenna Knepper is the new campaign manager for Troy Balderson, the

Republican nominee for Ohio's 12th Congressional District. Knepper previously worked for a number of Indiana Republicans, including as political director for U.S. Rep. Luke Messer and doing campaign work for U.S. Sen. Todd Young.

Mike Dittoe, Balderson's manager during the primary, is now doing consulting work for, among others, the Ohio House Republicans. (That didn't stop Democrats from trying to use Dittoe to link Balderson with the scandal over ex-Speaker Cliff Rosenberger, for whom Dittoe used to work as chief of staff).

What's Going On

Friday 9:30 a.m. – Sen. Gayle Manning and Rep. Nathan Manning golf fundraiser: Sponsor levels for the North Ridgeville Republicans, who are running for each other's seats this fall, range from \$120 ("Golfer") to \$1,500 ("Eagle"). *Bob-O-Link Golf Course, 4141 Center Rd., Avon.*

Friday Noon to 1:30 p.m.: Columnist Salena Zito to speak at Cleveland City Club: The writer and CNN contributor's talk is called "Inside The Great Revolt: Who's Reshaping American Politics?" Tickets are \$20 for City Club members, \$35 for non-members. *850 Euclid Ave., Cleveland.*

Friday noon – ACLU pro-immigrant rally in Cleveland. Demonstrators will call attention to federal policy, which they believe is inhumane, that separates immigrant children from parents. *U.S. Court House, 801 W. Superior Ave., Cleveland.*

Friday noon – Pro-immigrant rally in Columbus. *303 Marconi Blvd.*

Friday noon – Pro-immigrant rally in Cincinnati. *U.S. Attorney's Office, 211 E. Fourth St., Suite 400, Cincinnati.*

Friday 5 p.m. – Deadline for Ohio House members to vote on leadership process: Lawmakers have until then to tell Speaker Pro Tempore Kirk Schuring whether they favor holding a vote on a new speaker or changing House rules to have him preside the rest of the year.

Saturday 10 a.m. to 4 p.m. – Ohio Democratic Party Bench-Building Bootcamp: The ODP's Main Street Initiative is offering training for Democratic candidates planning to run for local or state legislative office starting in 2019. *Ohio Wesleyan University, Delaware.*

Saturday 3:30 p.m. – California U.S. Sen. Kamala Harris to campaign for Democrat gov candidate Richard Cordray. *Margaret W. Wong and Associates, 3150 Chester Ave., Cleveland.*

Saturday 7 p.m. – Tucker Carlson to keynote John M. Ashbrook Memorial Dinner: Tickets for the 32nd annual dinner, featuring the Fox News program host, are \$250 per person. *John C. Myers Convocation Center, Ashland University, 638 Jefferson St., Ashland.*

Birthdays

Friday 6/1: Charles Anderson, Ohio's 27th governor (1814-1895)

Saturday 6/2: Rep. Nickie Antonio, Rep. Ron Hood

Straight From The Source

"With these tariffs, it's no longer America first. What we're seeing now is America alone."

- Gov. John Kasich, criticizing tariffs on CNN. The White House announced Thursday a 25 percent tariff on steel and 10 percent on aluminum imported from Canada, Mexico and the European Union.

One of our aims with Capitol Letter is frequent communication with you, the reader. We value your thoughts and suggestions about the newsletter. What do you think of it? What features do you like? What could we do better? Is there a topic you'd like to see us address? And what time would you like to receive the newsletter? We've been sending it at about 6:15 a.m. Would you like it to arrive earlier? We

value your feedback and are committed to making Capitol Letter your essential first read of the morning. Email us at Capitolletter@cleveland.com.

To ensure receipt of our emails, please add [cleveland.com newsletters@update.cleveland.com](mailto:newsletters@update.cleveland.com) to your address book or safe sender list. You received this email because you opted-in to the newsletter. Was it forwarded to you? Sign up now!

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From: Capitol Letter

Sent: Tuesday, June 5, 2018 6:15 AM

To: Lenzo, Mike

Subject: 56 medical marijuana dispensary winners announced

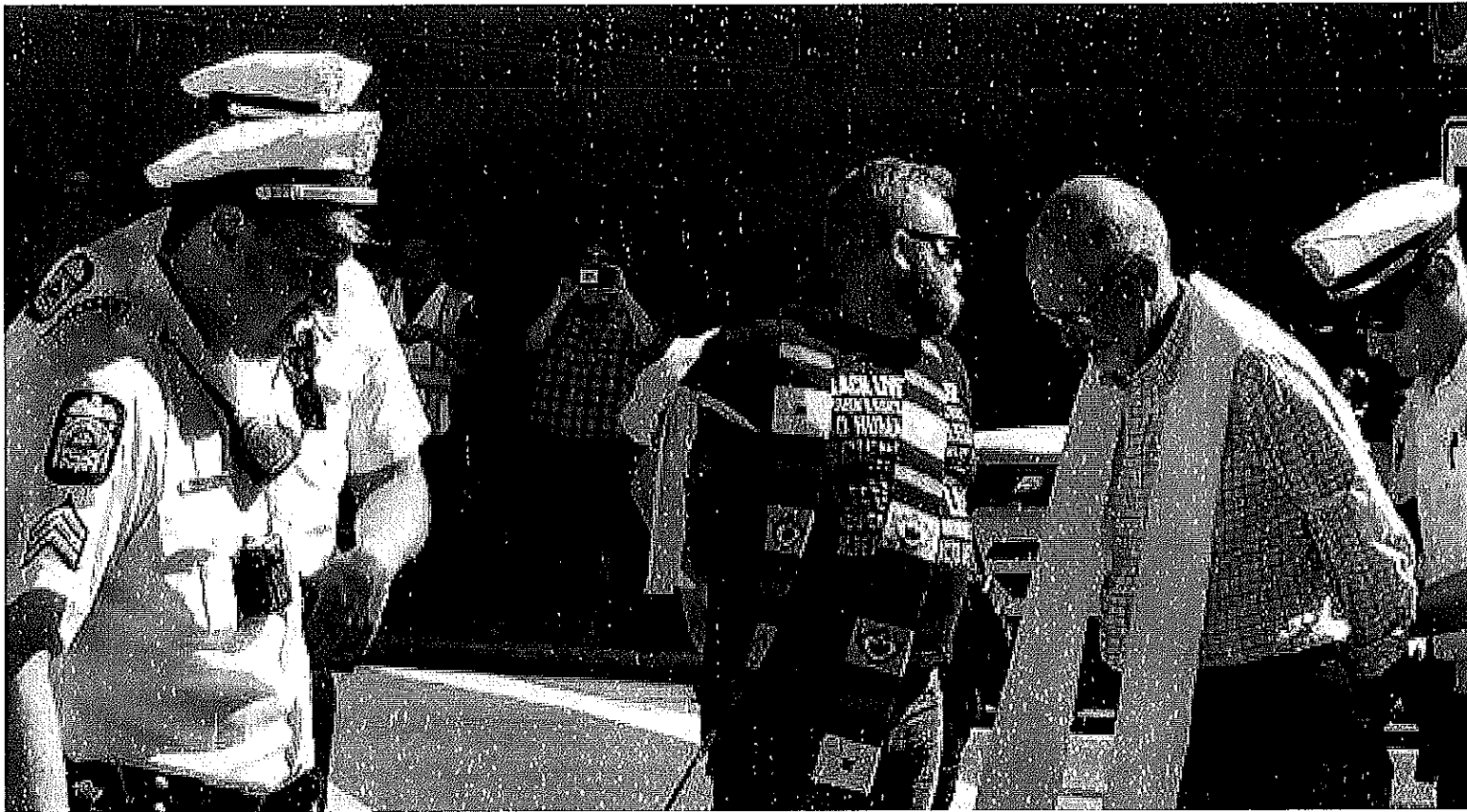
Tuesday, June 5, 2018

[View in Browser](#)



Capitol Letter

Laura Hancock and Jeremy Pelzer



Columbus police arrested nine demonstrators with the Poor People's Campaign who had been in the street during Monday afternoon rush hour, including Dan Clark, in the colorful stole, pastor at St. John's Church in Columbus, and Roger Osgood in the white stole, pastor of Heights Christian Church in Shaker Heights. The campaign, which demonstrated near the Ohio Statehouse, wants renewable energy, universal health care, services for people with disabilities and a repeal of the 2017 federal tax law, among other issues. (Laura Hancock/cleveland.com)

Rotunda Rumblings

Pot shops: The state announced 56 winners of provisional medical marijuana dispensaries Monday. Want to know if any shops will be in your town? Cleveland.com? 9s Jackie Borchardt has the list and their addresses.

Voting help, at your service: New Ohio Senate legislation would require the secretary of state to create an office specifically to help military service members vote absentee while on active duty. Under Senate Bill 305, the Office for the Uniformed Services Absent Voter would educate military